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1279 OAKMEA	7590 01/08 OKOLOFF TAYL AD PARKWAY CA 94085-4040		AAN LLP	I her State	Cerreby certify that the es Postal Service weeksed to the Mail	tificate is Fee(s vith suff	of Mailing or Transm	deposited with the United t class mail in an envelope
								(Depositor's name)
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APPLICATION NO.	ATION NO. FILING DATE		FIRST NAMED INVI	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/511,254	0/511.254 04/27/2005		Andrew Dominic	Andrew Dominic Tune		17480P030		8752
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE D		DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	onprovisional YES \$7		\$300		\$0		\$1055	04/08/2010
EXAMINER ART UNIT		T CLASS-SUBCLA	ss					
REVAK, CHR	713-179000	713-179000						
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S1 "Fee Address" ind PTO/SB/47; Rev 03-C Number is required.	(1) the names of or agents OR, alt (2) the name of a registered attorner 2 registered pate	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Blakely, Sokoloff, Taylor & Zafman LLP						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTI	ED ON THE PATENT (print	t or typ	e)			
PLEASE NOTE: Unl recordation as set fort	less an assignee is identi h in 37 CFR 3.11. Comp	fied below, no a letion of this for	ssignee data will appear on m is NOT a substitute for fili	the pa	tent. If an assigne	e is ide	entified below, the do	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
SPITLOCK HOLDINGS PTY LTD ALBURY, AUSTRALIA								
Please check the appropr	iate assignee category or	categories (will r	not be printed on the patent)	: 0	Individual 🏻 Cor	rporatio	on or other private grou	p entity Government
4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - #	A check is enclo Payment by cree The Director is b	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number02-2666 (enclose an extra copy of this form). 						
	tus (from status indicated s SMALL ENTITY statu		27. D b. Applicant is a	no long	er claiming SMAL	L ENT	TY status. See 37 CFI	R 1 27(g)(2)
NOTE: The Issue Fee and		ired) will not be	accepted from anyone other					
Authorized Signature	Cools of the Officer State	A Transfer of the	acindix office.		Date1	Febru	ary 26, 2010	
Typed or printed name	Eric S. H	yman			Registration No)	30,139	
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